

17/11/2005 12:27

Ruff, Wilhelm, Beier, Dauster & Part. -> 0012027758396

NUM426 0003

10 Paid PCT/PLC 18 NOV 2005

DECLARATION FOR PATENT APPLICATION

Attorney Docket: 26465U

Page 1 of 2

As a below-named inventor(s), I/we hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) is/are as stated below next to my/our name(s).

I/we believe I/we am/are the original inventor, first and sole (if only one name is listed below) or the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

METHOD FOR DIAGNOSING AND TREATING NIS-EXPRESSING CARCINOMAS AND METASTASES

the specification of which: (check one)
☐ is attached hereto.☒ was filed on 18 JUNE 2003, as Serial Number PCT/EP03/06435,
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

102 27 136.4
(Application No.)GERMANY
(Country)18 / JUNE / 2002
(Day/Month/Year Filed)☒ ()
Yes No

(Application No.)

(Country)

(Day/Month/Year Filed)

☐ ()
Yes No

(Application No.)

(Country)

(Day/Month/Year Filed)

☐ ()
Yes No

I/we hereby appoint the Practitioners associated with the following Customer Number:

Customer Number 20529

Direct Telephone Calls to:

Gary M. Nath
(202) 775-8383Send Correspondence to:
NATH & ASSOCIATES PLLC
Sixth Floor
1030 15th Street, N.W.
Washington, D.C. 20005-1503 U.S.A.

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. Application Serial No.)

(U.S. Filing Date)

(Status--patented, pending, abandoned)

(U.S. Application Serial No.)

(U.S. Filing Date)

(Status--patented, pending, abandoned)

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I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) _____

Filing Date _____

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Ulrich LOOSInventor's Signature [Signature]Date: 11/11/05Residence: Otto-Elsässer Weg 9, 89081 Ulm/Donau, GERMANYCountry of Citizenship: GERMANYPost Office Address: same as above

Full name of second inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of third inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

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